

NEEDS ASSESSMENT SURVEY FINDINGS FORM

Planning Area:	West Texas	HMAZ/LMAZ Area:	El Paso HMAZ
BDTP:	M/MS	SUBPOPULATION:	Anglo/white (1,12)

	# of surveys completed: 20	
	Information from needs assessment surveys	Assessment
Risk Behaviors (13,15,16, 22,24,25, 26,27,28,29 30,33)	<ul style="list-style-type: none"> Three-quarters of respondents indicated two or more partners in the past year; 44% reported more than 3 partners in the past year. No respondent indicated they had a sex partner in the past year who now had HIV. No M/MS Anglo/white indicated they knew if any of their sex partners in the past year had an STD. 44% say they had been treated for an STD in the past year. Nearly 37% reported engaging in anal sex. Of those engaging in anal sex, 33% reported never using a condom and 22% reported almost always using a condom for anal sex. 59% almost never use a condom for oral sex. 23% almost never use a condom for vaginal sex. The top six locations where Anglo/white M/MS engaged in anal sex are (in order): home [10%]¹, someone else's home [10%], cars/vehicles [10%], bars [5%], streets/alleys [5%], and work [5%]. The top four things Anglo/white M/MS said they do to keep from getting HIV are (in order): only have sex with one partner [50%]¹, don't abuse drugs or alcohol [45%], sometimes use a condom for protection [40%], always use a condom for protection [40%]. Survey respondents indicated the same pattern for protection against STDs. 	<ul style="list-style-type: none"> A high proportion of the respondents reported they have engaged in sex with multiple partners. There is a moderate prevalence of HIV and STDs in the population based on the morbidity profile for this population. Reported condom use, particularly with anal and vaginal sex is slightly lower than reported in the risk profile section of the 2000 HIV Epidemic Profile. While public locations were indicated as places where Anglo/white M/MS indicated they engaged in sex, the majority indicated these activities occur in more private locations. This should be taken into account when trying to reach this population.

Numbers noted in parentheses () indicate questions number on the needs assessment survey which correspond to that category.

*Denotes the factors that influence behaviors (FIBs). See Tab 8 TDH Insert, Selecting and Prioritizing Interventions for a more detailed description.

¹ The bracketed number [x] indicates the proportion of respondents indicating that location (may add up to more than 100%).

² Information collected from the Counseling and Testing System for HIV positives, 1999-2000.

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*Knowledge (9,11)	<p>Among Anglo/white M/MS:</p> <ul style="list-style-type: none"> • 85% indicated that anal sex without a condom may increase a person's chance of getting HIV, 80% for getting STDs other than HIV. • 60% and 90% indicated that oral and vaginal sex without a condom, respectively, may increase a person's chance of getting HIV, 85 and 75%, respectively, for getting STDs other than HIV. • 85% indicated that sex-trade work may increase a person's chance of getting HIV, 80% for getting STDs other than HIV. • 90% indicated that unprotected sex under the influence may increase a person's chance of getting HIV and 85% for getting STDs other than HIV. • 75% indicated sex with more than one partner may increase a person's chance of getting HIV and 60% for getting STDs other than HIV. • 90% indicated that injecting drugs and sharing works may increase a person's chance of getting HIV, 75% for getting STDs other than HIV. • 90% indicated that having sex with men may increase a person's chance of getting HIV and 85% for getting STDs other than HIV. • 70% indicated that engaging in sex with a woman who has engaged in risky behaviors may increase a person's chance of getting HIV and 75% for getting STDs other than HIV. • 65% indicated that blood transfusions may increase a person's chance of getting HIV, 25% for getting STDs other than HIV. • 60% indicated that needle sticks may increase a person's chance of getting HIV, 35% for getting STDs other than HIV. • 70% indicated that a being born to a mother with HIV may increase a person's chance of getting HIV and 40% for getting STDs other than HIV. 	<ul style="list-style-type: none"> • Approximately 80% of the population showed good knowledge of HIV transmission routes. Knowledge appears to be inconsistent across transmission routes. Generally, this community shows good knowledge of HIV and STD transmission routes, given these risks.

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*Attitudes & beliefs (10,32,34)	<ul style="list-style-type: none"> On average, Anglo/white M/MS indicated they were in the middle between agreeing or strongly agreeing that a person should tell their sex partner(s) if they have HIV or an STD whether using condoms or not. The top reasons Anglo/white M/MS indicated they had sex without a barrier are (in order): they trust their partner [40%]¹, condoms not available [25%], don't like condoms [15%], and dental dams not available [10%]. 80% indicated they were not likely to get HIV, and 83% indicated they were not likely to get an STD. 	<ul style="list-style-type: none"> Anglo/white M/MS were least likely to say people should tell partners about HIV or STD status. Primary barriers to condom use were partner trust, dislike of condoms, and lack of availability. Considering the morbidity rates in this community, the personal perception of risk is very low.
*Current communication skills	<ul style="list-style-type: none"> 71% of the Anglo/white M/MS who responded indicated they have talked about getting HIV with at-least some of their partners. 71% of the Anglo/white M/MS who responded indicated they have talked about getting an STD other than HIV with at-least some of their partners. 	<ul style="list-style-type: none"> Just over 70% of the Anglo/white M/MS indicated they discussed risks for an STD or HIV with their partner. This may indicate a moderate level of communication skills in this population.
*Social/peer support (17)	<p>When asked who they would tell if they had contracted HIV or an STD other than HIV, the following proportions of Anglo/white M/MS indicated they would tell:</p> <ul style="list-style-type: none"> Their family; 100% for HIV, 75% for an STD. Their current partner(s); 88% for HIV, 59% for an STD. Their past partner(s); 93% for HIV, 57% for an STD. Their friends; 82% for HIV, 46% for an STD. 	<ul style="list-style-type: none"> The majority of the respondents reported they would be comfortable telling family, friends and partners if they contracted HIV. The proportion indicating the same freedom of discussion about an STD infection was significantly lower.
Testing history/need for testing (18-23)	<ul style="list-style-type: none"> 68% of survey respondents indicated they have tested in the past year. Of those who were tested, they tested an average of just over 1.5 times per year. The five reasons Anglo/white M/MS indicated they tested were (in order): had sex without a condom [45%]¹, part of routine care [20%], doctor or nurse noticed an HIV related condition [10%], thought they might have symptoms [5%], and for peace of mind [5%]. The two reasons Anglo/white M/MS indicated they have not tested are (in order): not sexually active [21%]¹, did not want to ask doctor [5%]. 	<ul style="list-style-type: none"> Testing proportions indicated by the respondents are low with only 68% of the respondents testing each year. Those who test, do so an average of 1.5 times a year. Emphasis should be placed on getting those who don't test and engage in risky activities, to test regularly. 25% of respondents indicated HIV testing as a preventive behavior, part of routine care

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	<ul style="list-style-type: none"> 10% of those surveyed, and 15% of those individuals who tested in the past year indicated they have tested positive for HIV. 50% of the respondents tested for an STD other than HIV in the past year. Of those testing, they tested an average of 1.3 times per year. Half of the Anglo/white M/MS who have tested for an STD in the past year indicated they have tested positive for an STD. 40% of respondents indicated they have been treated for an STD multiple times in the past year. The top three reasons cited for not testing for an STD were (in order): not sexually active [15%]¹, not at risk [10%], don't know where to get tested [10%]. None of respondents indicated they have tested for Hepatitis A in the past year, 25% for Hepatitis B, 15% for Hepatitis C, and 15% tested for Tuberculosis. 15% of respondents who didn't test did not test because they did not believe they were at risk for those diseases. 	<p>or peace of mind.</p> <ul style="list-style-type: none"> A high proportion of the respondents indicated they tested for an STD in the past year. The frequency of testing (1.3 times a year for those who tested) is one test for every three partners reported in the past year. 17% of the respondents indicated they have been tested for other diseases in the past year. This supports the critical nature of referrals to appropriate providers.
Prevention services currently accessed (19,21) Note: For testing, community-based organizations and corrections were not provided as a response option.	<ul style="list-style-type: none"> The top six locations Anglo/white M/MS go for an HIV test are (in order): doctor's office [20%]¹, family planning clinic [20%], public STD clinic [10%], other public clinic [5%], prison [5%], and shelter [5%]. The top two locations Anglo/white M/MS go for an STD test are (in order): doctor's office [15%]¹, and other public clinic [10%]. 19% of respondents indicated barriers in their community to seeking prevention services. Primary barriers mentioned include (in order): their town or community is too big [5%]¹, clinics and programs are too crowded or they have to wait too long for services [5%], the kinds of programs or services they need are not offered [5%]. The top six locations where Anglo/white M/MS have gotten HIV and STD information are (in order): School [40%]¹, counseling and testing centers [40%], public health clinics [35%], health fairs [30%], the internet [30%], and community-based organizations [30%]. The top four locations where Anglo/white M/MS 	<ul style="list-style-type: none"> The primary source for HIV testing and STD diagnosis and treatment are through public clinics and primary care providers. 15% of the respondents identified barriers to accessing services in this community. Issues identified include that the community is too large, crowding and waiting time for services, and lack of knowledge of programs. Prevention information was obtained from a wide variety of sources including school, health fairs, the internet and community-based organizations. The most useful information was obtained from community-

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	have gotten information on HIV and STDs that has helped them are (in order): community-based organizations [35%] ¹ , counseling and testing centers [35%], school [30%], and health fairs [30%].	based organizations, counseling and testing centers, schools, and health fairs.
Prevention needs (35-39)	<ul style="list-style-type: none"> • For those indicating they wanted to know about HIV prevention, the following activities were requested (in order): how to have safe sex [60%]¹, basic information on HIV/STDs [60%], want to know how to talk with partners about using condoms [45%], how to use condoms [35%], and drug abuse counseling and treatment [20%]. • Primary locations where Anglo/white M/MS indicated they would get information on HIV and STDs in the future are (in order): counseling and testing centers [70%]¹, community-based organizations [60%], public health clinics [60%], the internet [55%], drug treatment centers [50%], health care providers [50%], and other health clinics [50%]. • Primary locations where Anglo/white M/MS indicated they would NEVER get information on HIV or STDs in the future are (in order): work [40%]¹, church [40%], bath houses [35%], the library [35%], bars [30%], the radio [30%], and from family or friends [30%]. 	<ul style="list-style-type: none"> • How to have safe sex, basic information on HIV/STDs and communication skills lead the activities wanted by Anglo/white M/MS. • There was a wide variety of locations where Anglo/white M/MS indicated they would go to get HIV and STD information including community-based organizations, drug treatment centers, counseling and testing centers and health care providers. • The primary locations where Anglo/white M/MS would never seek HIV or STD prevention messages are work, church, bathhouses, bars, the library, over the radio, and from family or friends.

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Specific Information about HIV⁺ from HIV⁺ risk profiles	<p>Statewide for all HIV positive Anglo/white M/MS²:</p> <ul style="list-style-type: none"> • 24% of M/MS Anglo/white HIV positive individuals indicated they never used a condom for anal sex, 44% for vaginal sex, and 71% for oral sex. • Nearly 10% indicated an STD diagnosis in the past year. • 46% indicated more than 1 sex partner in the past year. • Less than 4% indicated some sex trade work in the past year. • 62% indicated substance use with sex in the past year. • Over two-thirds indicated their partners were at risk, and nearly one-third indicated their partners had multiple partners. • The top drugs used during sex were: alcohol [52%]¹, cocaine [25%] and marijuana [16%]. <p>In the El Paso HMAZ, for all M/MS HIV positives²:</p> <ul style="list-style-type: none"> • One-third indicated never using a condom for anal sex and just under 45% never used a condom for oral sex. • 10% indicated an STD diagnosis in the past year. • 60% reported they had more than 1 partner in the past year. • 5% indicated sex trade in the past year. • 55% indicated substance use with sex in the past year. • 57% indicated their partner was at risk, and nearly 70% indicated their partners had multiple partners. • The top drugs used during sex were: alcohol [50%]¹, marijuana [20%] and cocaine [20%]. 	<ul style="list-style-type: none"> • The proportion of Anglo/white M/MS positives reporting never using a condom for sex is lower than that reported through the needs assessment survey. • The proportion of HIV positives with a recent STD diagnosis is significant, one in ten positives having an STD in the past year. This is particularly troublesome considering the high proportion (46 to 60%) with multiple sex partners. • Approximately 60% of HIV positives indicated their sex partner was at risk. • The drugs of choice for HIV positives are alcohol, cocaine and marijuana.
Other		

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